

Foster Family Home - Corrective Action Report

Provider ID: 1-150079

Home Name: Zeny Agonoy, CNA

Review ID: 1-150079-2

94-412 Opeha St.

Reviewer:

Waipahu HI 96797

Begin Date: 12/7/2016

End Date:

1/12/17

Foster Family Home Required Certificate [17-1454-6]

6.d)(1) Comply with all applicable requirements in this chapter, and

Comment:

6.d.1 Home visit made for a 2 bed recertification survey. Corrective Action Report issued during home visit with a written plan of correction due to CTA by 1/7/17

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.a.1 and 7.a.2 Fingerprinting, APS/CAN background checks lapsed: CG#1 was due on/before 10/16/16 and was done 11/28/16; CG#2 was due on/before 10/16/16 and was done 12/5/16; CG#3 was due on/before 10/30/16 and was done 11/28/16.

Foster Family Home Information Confidentiality [17-1454-13.1]

13.1.(b)(3) Inform clients about their confidentiality practices;

Comment:

13.1.b.3 No proof of home informing client/client's representative of home's confidentiality practices.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.b.8 CPR/1st Aid lapsed: CG#2 was due on/before 6/19/16 and was done 8/15/16. Bloodborne pathogen training expired 5/12/16 for CG#3 4 (E)

41.c Only 4 hours of in-service training present for CG#1

Foster Family Home - Corrective Action Report

Foster Family Home Fire Safety [17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

45.a and b.2 Only one fire drill present in record. No evidence that each caregiver conducted one fire drill a year.

Foster Family Home Medication and Nutrition [17-1454-46]

46.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 17-1454-48.1(b). The caregivers shall document these events and the action taken in the client's progress notes.

46.(d)(1) By order of a physician;

46.(d)(2) Reflected in the client's service plan; and

Comment:

46.c No list or print out of side effects for medication present

46.d.1-2 Client #1 has both _____ are not checked on the service plan nor are there MD orders present.

Foster Family Home Client Account [17-1454-47]

47.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

47.a There is no evidence in client record to identify who is responsible for client funds

Foster Family Home Physical Environment [17-1454-48]

48.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

48.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

48.a.2 There are no grab bars present in client bathroom around commode

48.c.3 There are food particles and spilled food present in refrigerator and freezer

Foster Family Home Records [17-1454-52]

52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

52.c.2 Client #1 service plan has no problems/goals identified. there are no signatures and the service plan states _____ The standard of care is to _____

Compliance Manager

Primary Care Giver

Date

12/7/16

Date

01/09/2017 20:18 FAX

001

FOSTER FAMILY HOME- CORRECTIVE ACTION

Provider ID: 1-150079

Home Name: Zeny Agonoy, CNA

94-412 Opeha St.

Walpahu HI. 96797

7.1.a.1 and 7.a.2 Fingerprint APS/CAN for CG#1, CG#2, CG#3 was lapsed. This will not happen again in the future. I will create a calendar reminder and attach it to the binders front page to ensure all the document update in timely manner.

13.1.b.3 no proof of home informing client/client's representative of homes confidentiality practices. I had the homes confidentiality practices signed on Dec 12th 2016 This will not happen in the future. I will ensure the home confidentiality will inform clients rep and make sure both parties will understand and sign. I will create an admission checklist to ensure all documents are properly filled out and sign.

41.b.8 First Aid/ CPR for CG#2 was lapsed. Bloodborne pathogen expired. Now CG# 4 has current Bloodborne Pathogens dated :12/08/2016 This will not happen again in the future. I will create a calendar reminder and attach it to the binders front page to ensure all the document update in timely manner.

41.c CG#1 has additional 8 hours (total of 12 hours) in service training dated 12/09/16. This will not happen again in the future. I will create a calendar reminder and attach it to the binders front page to ensure all the document update in timely manner.

45.a and b.2 going for we will do fire drill every month going forward together with CG # 2, CG#3 and CG#4. This will not happen again in the future. I will create a calendar reminder and attach it to the binders front page to ensure all the document update in timely manner.

46.c now all of my clients meds has all the side effects print out. I will start keeping all the side effects print out attached by the pharmacy.

46.d 1-2 now the service plan updated. I will create an admission checklist to ensure all documents are properly filled out and sign to avoid this in the future.

47.2 my case management sent the copy of the document. I will create an admission checklist to ensure all documents are properly filled out and sign to avoid this in the future.

48.a.2 both bathroom has now with toilets grab bar. Going forward all i ensure to maintain safety equipments for clients.

01/09/2017 20:18 FAX

002

FOSTER FAMILY HOME- CORRECTIVE ACTION

Provider ID: 1-150079

Home Name: Zeny Agonoy, CNA

94-412 Opeha St.

Walpahu Hi. 96797

48.c I cleaned the fridge Dec 8th, i removed all the particles dropped on the fridge floor. I also cleaned every single room of the fridge. To prevent this in the future I will ensure our Fridge will be clean every week.

52.c.2 now client #1 service plan has been updated. I will create an admission checklist to ensure all documents are properly filled out and sign to avoid this in the future.

Zeny Agonoy
(CNA)

1/9/17